

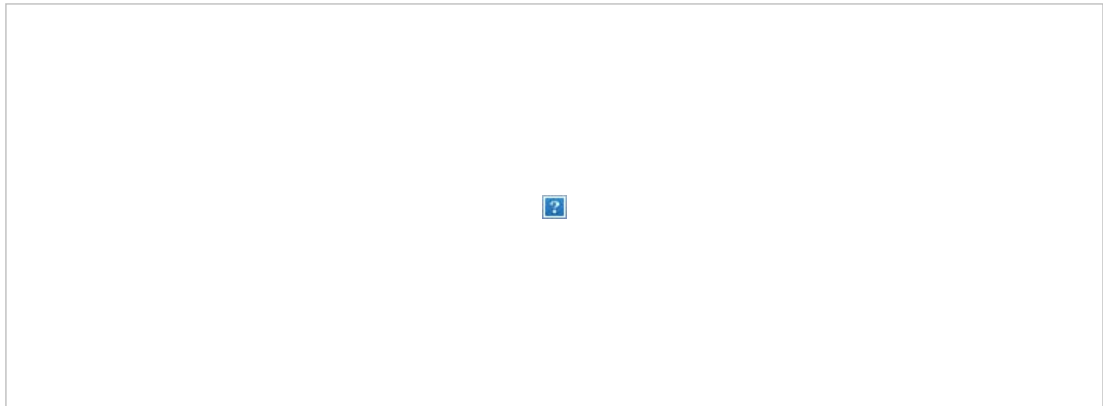
From: [Bishop, Debbie](#)
To: [Campbell, Todd](#); [Cashion, Kevin](#); [Davis, Todd H.](#); [Ford, Jeremy](#); [Frey, John](#); [Luetke, Melinda](#); [Maynard, Katy](#); [Nicholls, Jacob](#); [Nold, Eric](#); [Peterson, Mary](#); [Pollock, Devin](#); [Russell, Christin](#); [Schmaedick, Manuel](#); [Schuette, Megan](#); [Smith, Heath](#); [Villaneda-VanVloten, Isabel](#); [Williams, David \(R7\)](#); [Bednar, Candace](#); [Boatman, Brandon](#); [Hernandez-Santiago, Neftali](#); [Taylor, Maren](#); [Willis-Burr, Kimberly](#); [Crable, Gregory](#); [Hayes, Scott](#); [Martin, Mike](#); [Murray, Annah](#); [Ortiz, Eduardo](#); [Stotts, Krystal](#); [Collier, Deanna](#); [Urban, Trevor](#); [Webb, Laura](#); [Bryan, David](#); [Carey, Curtis](#); [Sanders, LaTonya](#); [Phillips, John](#); [Stevens, Jim](#); [Houston, Pamela](#)
Cc: [Kohler, Carla](#); [Buchholz, Ken](#); [Ruiz, Adam](#); [Mindrup, Mary](#); [Green, Jamie](#); [Huffman, Diane](#); [Jackson, Robert W.](#)
Subject: PLEASE READ FOLLOW-UP: Hurricane Harvey PPL+ Site Charge added to your PPL+ & How to Record your Time
Date: Monday, September 11, 2017 10:21:18 AM
Attachments: [Overtime Cert Form for SUPR.XLSX](#)
[tcto_form.pdf](#)
[image003.jpg](#)

Hi All – Please read carefully how to site charge your time in PPL+ for your response to Hurricane Harvey.

For Superfund & Non-Superfund Deployed Staff - Favorites in PPL+ has been added to your PPL+. You can click to load favorites or search among your favorites. For your reference, below is a screen shot of what it looks like in PPL+. Please let me know if you have any questions or if you need any assistance.

How to Charge your Time:

- Travel to Response (outside normal business hours) is considered to be Overtime. Use the attached OT certification spreadsheet to track time.
- Travel back to R7 (outside normal business hours) will be Travel Comp Time Earned. To the extent practicable, flights home will be during normal business hours. However, in case you travel back home outside normal business hours, time will travel comp time earned. Use the attached form to record any travel comp time.
 - Upon return to R7, please submit paper OT Cert Form and TCTO form (if any earned) to Debbie Bishop. Actuals will be logged and the form will be returned to you and your timekeeper.
- Travel and/or Work on the Labor Day Holiday (Sept. 4th) is Holiday Premium Pay. Any hours over 8 on this day will be Overtime (add a new line for this).
- Work (outside of straight 8 hours) during the week is considered Overtime. Please use the OT tracking spreadsheet to track your overtime hours.
- Work during the day (straight 8 hours) will be recorded in PPL+ based upon your FAN (Fixed Account Number). For those with split FAN's (outside SUPR), this will mean that you will have to split your time based on your FAN allocation %. (Ex: staff person has their FAN split between 50% Superfund (T) and 50% EPM (B) funds. This means that (4) hours will be charged to a T FAN and (4) hours will be charged to your B FAN. See example below for a timesheet with a split FAN.
 - I have pre-loaded favorites in your PPL+ favorites based on FAN allocation.
 - You will need to record your Overtime is a separate favorite charged directly to the FEMA Mission Assignment.



- Work schedule is 8-hour day. DFS should be populated with only Regular time (8 hrs, w/ no credit to be earned). Need to populate DFS to ensure that at the end of the pay period, when DFS rolls to new week, you will not lose any existing credit you have. Use the manual OT tracking spreadsheet to track your overtime.

If you have any questions or issues w/ PPL+, please contact me and I can assist.

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Overtime & Night Differential Calculator & Certification Form

Employee Name (Last, First):		Pay Period Ending Date:	
Site/Project Name:			

DAY	DATE	START	END	LUNCH	DINNER TIME TAKEN WITHIN WORK PERIOD	DINNER PERIOD HOURS	REGULAR HOURS	LEAVE	NIGHT DIFFERENTIAL APPROVED IN ADVANCE OF THE ADMINISTRATIVE WORK WEEK	OVERTIME	NIGHT DIFFERENTIAL
SUN	12/11/16										
MON	12/12/16						8.00				
TUE	12/13/16						8.00				
WED	12/14/16						8.00				
THU	12/15/16						8.00				
FRI	12/16/16						8.00				
SAT	12/17/16										
SUN	12/18/16										
MON	12/19/16						8.00				
TUE	12/20/16						8.00				
WED	12/21/16						8.00				
THU	12/22/16						8.00				
FRI	12/23/16						8.00				
SAT	12/24/16										
						TOTALS:	80.00	-		-	-

I certify that the hours posted are accurate for the work performed. I certify that the statements I have made on this form and all attachments thereto are true, accurate, and complete. I acknowledge that any knowingly false or misleading statement may be punishable by fine or imprisonment or both under applicable law.

Employee Signature_____

Date_____

Employee Supervisor Signature_____

Date_____

R7 ROUTING:

- (1) Employee completes/signs
- (2) Timekeeper for PPL review/entry/rev
- (3) Supervisor for signature and PPL approval
- (4) Timekeeper for file retention

**EPA INTERIM FORM FOR REQUESTING, APPROVING AND TRACKING
TRAVEL COMPENSATORY TIME OFF (TCTO)
 [applicable to each individual travel authorization, either single or multiple dates]**

EMPLOYEES NAME:	
EMPLOYEES EPA IMPL ID NUMBER (PeoplePlus Only)	
EMPLOYEES ORGANIZATION	
EMPLOYEES REG. SCHEDULED TOUR OF DUTY	
TRAVEL AUTHORIZATION NUMBER	
TRAVEL VOUCHER NUMBER	

ANTICIPATED DATES OF TRAVEL	FROM: _____ TO: _____	TCTO ESTIMATED REQUESTED HRS # HRS _____ # MIN _____
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OFFICIAL TRAVEL (Complete within 30 days of return travel)

DATE (one line per flight or leg of trip)	(Only if travel by air) USUAL TERMINAL WAITING TIME	(Only if travel by air) ADDITIONAL WAITING TIME*	ACTUAL TRAVEL TIME **	BONA FIDE MEAL PERIOD(S)	TCTO REQUESTED OR CREDITABLE

* This does not include time that is available to the employee for personal use (resting, sleeping, shopping, etc.). **Time physically traveling on the plane, train, etc.
 EMPLOYEE REMARKS (Attach additional page(s), if more space is needed):

EMPLOYEE CERTIFICATION: I certify that the information submitted by me in this request for credit for Compensatory Time Off is true and accurate to the best of my ability.

 Signature of Employee (After completion of travel)

 Date:

SUPERVISORY REVIEW AND SPECIAL MANDATORY CONSIDERATION---OTHER COMPENSATION DISQUALIFICATION

Is the employee receiving any form of compensation for any of the time claimed in this request [overtime, overtime compensatory time off, annual premium pay (AUO, LEO availability pay, standby duty pay), holiday pay, Sunday pay, or night pay differential] even if limited in actual payment by an applicable maximum pay limit (biweekly or annual)]? Travel during hours for which the employee is not receiving regular pay, premium pay or other compensation is creditable.

YES

NO

If yes, how much of the time claimed is compensable under another authority?

TOTAL TIME CREDITED:

(Excluding other compensable time and bona fide meal periods and expressed in hours and increments of 15 minutes.)

DATE UPON WHICH THIS CREDITED TCTO WILL EXPIRE:**SUPERVISOR'S CERTIFICATION** (Express time in hours and increments of 15 minutes.)

(a). TCTO time granted preliminary approval prior to travel.

[_____ Hour(s); _____ Minutes]

(b). Additional TCTO time not covered by preliminary approval after travel.

[Hour(s); Minutes]

(c). TCTO time requested after preliminary approval, but disapproved (reasons attached).

[_____ Hour(s); _____ Minutes]

◇ The following hours and minutes of TCTO are approved in final....

[_____ Hour(s); _____ Minutes]

REMARKS, SIGNATURE AND TITLE OF SUPERVISOR (attach separate pages if more space is needed for remarks)

_____ Date: _____

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_____ Date: _____

Preliminary (pre-travel) Approval [local option]

Final (post-travel) Approval

(Final computation, certification and approval to be rendered after completion of official travel.)

U.S. ENVIRONMENTAL PROTECTION AGENCY

EXPENDITURE OF CREDITED TCTO DERIVED FROM THIS REQUEST AND APPROVAL (Attach SF-71 to document request and approval of use)			
DATE (format mm/dd/yyyy)	INITIAL BALANCE	NUMBER OF HOURS USED	NEW BALANCE
		hr(s) min(s)	
		hr(s) min(s)	
		hr(s) min(s)	
		hr(s) min(s)	
		hr(s) min(s)	
		hr(s) min(s)	
		hr(s) min(s)	
		hr(s) min(s)	
		hr(s) min(s)	
		hr(s) min(s)	

(applicable to each individual trip)

CUMULATIVE TCTO BALANCE REFLECTING MULTIPLE TRAVEL AUTHORIZATIONS AND VOUCHERS			
TOTAL TRIPS INVOLVED	TOTAL HRS. TCTO APPROVED	TOTAL HOURS TCTO USED	TOTAL HRS. TCTO AVAILABLE

(for the convenience of a summary tally for an employee's balance)